



**TENNESSEE DEPARTMENT OF REVENUE
DEALER'S LIQUIFIED GAS TAX RETURN**

**PET
355**

Filing Period Beginning: Ending:	Account No.	SSN or FEIN
	Location Address	
Due Date		

Returns must be postmarked by the due date to avoid the assessment of penalty and interest. Returns must be filed even if no tax is due.

Make your check payable to the Tennessee Department of Revenue for the amount shown on Line 9 and mail to:

Tennessee Department of Revenue
Andrew Jackson State Office Bldg.
500 Deaderick Street
Nashville, TN 37242

For assistance, you may call in-state toll free 1-800-342-1003 or (615) 253-0600.

REMINDERS

1. Maintain adequate records to support this return.
2. If assistance is required to complete this return, please refer to the phone numbers listed above or on the back.
3. Sign and date this return in the signature box below.

IF AN AMENDED
RETURN
CHECK HERE



TAX COMPUTATION

ROUND TO THE NEAREST GALLON

1. Total gallons of product available for sale (Include prior quarter's ending inventory and all receipts of liquified gas during reporting period)	(1)	_____
2. Total gallons sold to holders of Tennessee liquified gas decals during reporting quarter	(2)	_____
3. Total gallons sold to vehicles on which the Tennessee liquified gas tax must be collected and remitted.....	(3)	_____
4. Total gallons sold for purposes other than listed above	(4)	_____
5. Tax Due (Multiply Line 3 by ¢ per gallon)	(5)	_____.
6. Credits: Enter outstanding credit amount from previous Department of Revenue notice(s)	(6)	_____.
7. Penalty <small>If filed late, penalty is computed at 5% of the tax (Line 5 minus Line 6) for each 30-day period or portion thereof that the return is delinquent. Maximum penalty is 25% of the tax due; minimum penalty is \$15 regardless of the tax amount due or whether any tax is due.</small>	(7)	_____.
8. Interest - If filed late, compute interest at % per annum on the tax (Line 5 minus Line 6) from the due date to the date of payment	(8)	_____.
9. Total Remittance Amount (Add Lines 5, 7 and 8; subtract Line 6 if applicable)	(9)	_____.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and complete.

_____ Taxpayer's Signature	_____ Date
_____ Signature of Preparer other than Taxpayer	_____ Date
_____ Tax Preparer's Address	_____ Phone Number

**FOR OFFICE
USE ONLY**

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For additional information, contact the Taxpayer Services Division in one of our Department of Revenue Offices:

Chattanooga
(423) 634-6266
Suite 350
State Office Building
540 McCallie Avenue

Jackson
(731) 423-5747
Room 405 B
Lowell Thomas Building
225 Martin Luther King Blvd.

Johnson City
(423) 854-5321
204 High Point Drive

Knoxville
(865) 594-6100
Room 606
State Office Building
531 Henley Street

Memphis
(901) 213-1400
3150 Appling Road
Bartlett, TN

Nashville
(615) 253-0600
3rd Floor
Andrew Jackson Building
500 Deaderick Street

Tennessee residents can also call our statewide toll free number at 1-800-342-1003.
Out-of-state callers must dial (615) 253-0600